CHEPSTOW HOUSE

First aid policy inc medication administration

September 2026 – August 2027

Policy Reviewed by Gemma Fossett, Gill Whiteside, Dominic Page

Review date: June 2027
Next review date: June 2027

Signed: G Whiteside D Page

This Policy was created 2009 and has been reviewed annually since.

Chepstow House
Allergies, First Aid Policy and Accident & Emergency Procedure

Unless a difference between school and nursery is stated any reference to school refers to the school and nursery.

First Aiders: First aiders are paediatric trained. Staff are retrained every three years. For full staff first aider list for both early years and main school see the document 'Record of First Aid Training.' There will always be a paediatric first aider on site when EYFS children are present, on all EYFS school trips and during EYFS meal times. Parents can request a copy of the list of first aiders from the school office.

Key School First Aiders *(Paediatric and First Aid at Work equivalent qualification):*

Dominic Page
Caroline Wrigglesworth
Karen Etherington

The nearest hospitals are:

St Charles Centre for Health & Wellbeing, Exmoor Street, London, W10 6DZ
0.5 miles, Opening hours: 8am – 9pm *(Urgent Care for minor ailments and injury) 02081025111*

Hammersmith Hospital, Du Cane Road, London, W12 0HS
1.2 miles, Opening hours: 8am – 12am (Urgent Care)

St Mary's Hospital, Praed Street, London, W2 1NY Major accidents
1.5 miles Opening hours: 24 hours (A&E & Urgent Care)

Dial 999/112 if immediate assistance is needed for a serious accident or incident.

- Staff members are on duty to cover first aid and to look after sick children.
- All members of staff with first aid training are responsible for the care of children who are unwell or hurt in an accident. One member of staff with first aid training must be on site until all children have left.
- Any accident is to be recorded in the accident file which is kept on SharePoint (Injury and Medication Record Log.xlsx online) or Nursery Office.
- First aid boxes are located in the art room, gym, hall, kitchen, lower school toilet area and on lower school playgrounds (during playtimes), nursery, outside doors near reception classrooms, reception, reception playground (during playtimes), science room and science prep room, sick room and technology room. The admin office has the store of first aid boxes for offsite trips. The School Administrators are responsible for the upkeep of the first aid boxes.
- A stocked first aid box is to be taken on school trips. The assigned first aider is responsible for checking the first aid box is stocked correctly.
- A defibrillator is located at the front Reception desk.

Hygiene
Disposable gloves are kept in the School reception area and Nursery. It is the staff's responsibility to ensure they are replenished. Hand sanitiser is available for first aiders to use. To prevent the spread of infection, adults will ensure that the following good practices are observed:

- Any spills of blood or vomit will be wiped up and disposed of using a body fluids disposable kit. All staff have been trained on cleaning up body fluids safely using the bodily fluids kit.
- Excrement will be flushed down the toilet.
- The nappy changing policy should be followed in the Early Years.
- Disposable gloves should be used when cleaning up spills of body fluids. Floors and other affected surfaces are disinfected using disinfectant according to the manufacturer's instructions.
- A staff member or premises manager is responsible for cleaning up after a child has been ill, ensuring that hygiene procedures are followed. Disinfectant, protective gloves and cleaning equipment is kept in the school reception.

Covid-19

- We will follow regular updated advice from Public Health England. Staff, children and parents are advised to wash their hands and surfaces are cleaned regularly.

What to do if someone develops symptoms of coronavirus (COVID-19) whilst at school

- If anyone becomes unwell with a new, continuous cough or a high temperature they will be sent home and advised to follow the staying at home guidance.
- If a child is awaiting collection, they should be moved, if possible, to a room where they can be isolated behind a closed door, depending on the age of the child and with appropriate adult supervision if required. Ideally, a window should be opened for ventilation. If it is not possible to isolate them, move them to an area which is at least 2 metres away from other people.
- If they need to go to the bathroom while waiting to be collected, they should use a separate bathroom if possible. The bathroom should be cleaned and disinfected using standard cleaning products before being used by anyone else.
- If a member of staff has helped someone who was taken unwell with a new, continuous cough or a high temperature, they do not need to go home unless they develop symptoms themselves. They should wash their hands thoroughly for 20 seconds after any contact with someone who is unwell. Cleaning with normal household disinfectant after someone with symptoms has left will reduce the risk of passing the infection on to other people.

Sickness
If the child has any of the following they must be sent home in consultation with the class teacher responsible for the child & first aid School Administrators:

- Temperature
- Sickness or diarrhoea

If a child has experienced sickness or diarrhoea, or a continued temperature parents are advised to keep them home for 48 hours from the last episode.

Parents must inform the school if their child contracts any notifiable disease.

Allergies

- Parents are requested to inform the school of any allergies upon admission and any which develop during their time at the school. From this, staff are informed of any children with allergies and a central record is kept in the School reception area, Nursery and on SharePoint. The information is stored on the school management system, which is linked to Evolve (the Educational Visits management system).
- Duplicate information is kept in the medical bags of the children requiring further medication kept in the reception area.
- If any specific training is required, i.e. for epipens, this is endeavoured to be completed as soon as practical.
- There is an Allergy Board maintained in the dining hall of all children with allergies and the correct procedure for administering medication.

Clinically Vulnerable Children or Adults

- Parents should inform the school if their child is clinically vulnerable and requires additional support during the school day. A risk assessment will be created to ensure all needs are met and clear procedures are in place.
- Any staff or visitors to the school should inform the Health & Safety Lead if they are clinically vulnerable and require additional support at work. A medical risk assessment will be created to ensure all needs are met and clear procedures are in place.

Head injuries (Major & Minor)

- If appropriate to move the child, child goes to the first aider on the School reception desk or Nursery and follow the procedure for head injury protocol from first aid course.
- If child cannot be moved, remain with child and send a message to reception for additional support.
- Call parent to inform of head injury to decide if they want to pick up the child to take to a medical centre. If deemed more serious, an ambulance will be called.
- Fill in head injury form, a copy is made and both copies are signed by the adult collecting the child at dismissal. One copy is kept with the collecting adult and one copy is returned to the school reception by teacher for scanning and filing. Children are given a head bump wrist band to alert other members of staff of a previous head injury so they can monitor the child closely and look for signs of potential concussion.
- From year 5, the head injury form is emailed to parents by school administrators and copied to the class teacher. Children in year 5 and above can walk home by themselves and parents/carers are not always available at the end of the school day so the form email.
- If child remains at school, monitor to check for any unusual behaviour/physical symptoms. The class teacher and teaching assistant will be informed and will monitor when the child returns to class. The head bump wrist band will also help this if children are taught by specialists during the school day.

Parents/carers must be informed in writing (using head injury form) of any injury to the head no matter how minor. **Parents in Nursery need to be informed by**

phone of a head injury soon after it has happened. Parents/carers also need to sign that they have been informed of the head injury.

Major Accident to Child

If a major accident occurs the procedure is as follows (gloves must be worn when dealing with blood and other bodily fluids):

1. Carry out initial first aid e.g. control bleeding and contact the school administrator first aid. The Head/Nursery Head or Person in Charge if Head is not available must be notified immediately.

2. The Head (or as above) to assess the situation with another First Aider and decide whether the child needs immediate hospital attention or whether the child can wait for the parent/carer to come.

    - If the child needs to go straight to hospital an ambulance will be called. We will follow the guidelines from 999. The parent/carer will be called and arrangements will be made to meet the parent/carer at the hospital. A member of staff will accompany the child to hospital and stay with them until the parent/carer arrives.

    - If the child can wait for the parent/carer to come then the parent/carer will be contacted and the child made as comfortable as possible. A member of staff must be with the child at all times until the parent/carer arrives.

    - It will then be the parent/carers decision whether or not to take the child to hospital.

3. If able to be moved, the child should be accompanied to the sick room (or an appropriate room for access and privacy) and continually monitored.

4. A report of the accident will then be recorded in the accident book and a copy given to the parent/carer.

5. The Person in Charge must decide if the matter meets the requirements to be reported to Ofsted.

Minor Accident to Child
If a minor accident occurs the procedure is as follows (gloves must be worn when dealing with blood and other bodily fluids):

- The child is taken to the reception (or treated on the playground if the first aid kit is available).
- The injury is assessed by a First Aider and if necessary the Head/Nursery Head or Person in Charge if Head is not available is called.
- A First Aider treats the injury.
- Minor bumps and bruises - these must be recorded in the accident book in the reception office.
- Head injuries - parents/carers must be informed in writing (using head injury form) of any injury to the head no matter how minor.
- The child is resettled with their class and observed.
- The incident is recorded in the accident file.

If a child is sent home for any medical reason this, and the time, will be recorded on the sign out sheet at the Main reception office or Nursery office.

Accidents to Adults

Minor Accidents will be treated as above.

Major Accidents

- The Person in Charge is notified who will, with another First Aider, assess the situation and decide whether the adult needs immediate hospital attention or whether the situation can be dealt with by the adult concerned.

- If the adult needs to go straight to hospital an ambulance will be called.

- The adult emergency contact or a person of their choosing will be telephoned and if possible arrangements made for them to meet the adult at the hospital. Staff records contain emergency contact details.

- A report of the accident will then be recorded in the accident file and a copy given to the adult concerned.

- The Person in Charge must decide if the matter is reported to Inspired Education UK. Any fatalities or major head injuries will be reported to the Health and Safety Executive (HSE) as below.

Reporting to the HSE
The Assistant Head responsible for Health and Safety will keep a record of any accident which results in a reportable injury, disease, or dangerous occurrence as defined in the RIDDOR 2013 legislation (regulations 4, 5, 6 and 7). The Assistant Head responsible for Health and Safety will report these to the Health and Safety Executive as soon as is reasonably practicable and in any event within 7 days of the incident.

- Reportable injuries, diseases or dangerous occurrences defined as an accident that results in:
    - the death of the person, and arose out of or in connection with a work activity; or (reportable within 24 hours)
    - an injury that arose out of or in connection with a work activity and the person is taken directly from the scene of the accident to hospital for treatment (examinations and diagnostic tests do not constitute treatment).

Information on how to make a RIDDOR report is available here: How to make a RIDDOR report, HSE http://www.hse.gov.uk/riddor/report.htm

HSE information for schools, section 1 for injuries to employees and section 2 for injuries to pupils and other people who are not at work. Incident reporting in schools (accidents, diseases and dangerous occurrences) EDIS1 (hse.gov.uk)

Automatic External Defibrillator (AED)

A school AED is kept in the School Reception Area. It can be used on both adults and children. The AED is tested each week a following the AED operational manual (found within the policy drive). Staff are aware that they do not need training in order to use the AED as the machine gives clear audio instructions. Staff on the first aid training register have been trained on using an AED.

CHEPSTOW HOUSE
ADMINISTERING MEDICINE and MEDICAL MATTERS

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Medical forms
The School Administrator, class teachers and keyworkers will go through all the medical forms and make notes on any relevant medical matters. Notes will be added onto the child's individual files on the school computer system (sharepoint) and iSAMs.

All staff are required to be thoroughly familiar with the school's Health and Safety policy, a copy of which is available in the Head's office or the school shared site.

Any amendments to the Health and Safety policy will be notified at a staff meeting.

Allergies/Medical conditions
All staff must be aware of the children with allergies or a medical condition such as epilepsy, diabetes or asthma in their class and the treatments that are required in the event of an emergency. An allergy board in the school lunch hall displays details of every child with a food allergy. The School reception area has a list of allergies and medication required by children.

A child's asthma inhaler and spacer are kept in the school reception and Nursery, it is clearly named and available for use throughout the day. All first aiders know how to administer the inhaler if it is needed. Inhalers must be taken on all trips and sports lessons/fixtures. Where necessary a child will carry their own inhaler and will self-administrate e.g. older children.

A child's auto-injectors (epipens) are kept in the school reception and Nursery, they are clearly named and available for use throughout the day. Epipens must be taken on all trips and sports lessons/fixtures. Where necessary a child will also carry their own epipen. First aiders must learn and familiarise themselves with the use of epipens so that they are able to medicate a child suffering with anaphylactic shock. Treatment can be very specific and must be administered swiftly.

First Aid Procedure
The First Aid Procedure is detailed in the First Aid Policy which can be found in the School reception area, Nursery or on the school portal.

Off-site activities
First aid equipment (located in the school office) and any appropriate medication for children e.g. for asthma or allergies must be taken on all trips.

Events on Site which Take Place Out of Hours
- The event organiser should ensure they are aware of all necessary first aid procedures, have a list of those needing medication and have created a risk assessment for any child that this may be deemed necessary for. The first aider for the event will be named on the risk assessment.
- All members of staff attending the event will be briefed just before the event on how to get access to the medical equipment in the reception area by the event organiser.
- The key to medication cupboard will always be in the key safe (in reception) which will be open for the duration of the activity.

- The medication cupboard will always be locked unless a staff member requires access to the medication.

Hygiene
To prevent the spread of infection, adults will ensure that the good practices set out in the first aid policy are observed.

Medicines in school or on day trips/residentials

The usual advice from doctors is that children who are unwell should not be in school. However, children may require medicine while they are at school to cope with allergies, chronic illnesses (such as diabetes or asthma) or recovery from illness that requires the completion of a course or treatment.

No member of staff should ever give medication of any kind (including Optrex eye lotion, throat lozenges, hydrocortisone cream, aspirin or similar) to a child. No medicine should be administered at school by a member of staff except in extenuating circumstances with a signed and dated consent form from the child's parent/carer.

Administration of medication at the parental request
Where possible a parent/carer should come in to school and administer any necessary medicine to avoid potentially dangerous medicines being on site.

If non-prescribed/prescribed medicines (including for allergies & chronic conditions) are required to be at school they must be handed in to the school administrator in the reception area.

Medicine (both prescription and non-prescription) must only be administered to a child where written permission for that particular medicine has been obtained from the child's parent and/or carer.

The school must keep a written record each time a medicine is administered to a child, and inform the child's parents and/or carers on the same day, or as soon as reasonably practicable.

The following procedure should be adopted:

- The smallest practicable amount of the medicine should be brought to school by the parent/carer, with clear written instructions for administration.
- Parents must fill in the 'Parental agreement for the school to administer medication' form.
- The named medicine is kept in a secure place with the school administrators (in the reception area).
- Where parents agree to self-administration of medication for children of an appropriate age, the medication is still kept in the reception area and the parent completes the 'Parental agreement for a child to self-medicate' form.
- The school administrators or nursery head, who has first aid training, will administer medicines if necessary. The name of child, name of medication, time, dose and staff member administrating the medication will be recorded.
- Parents will be notified if any medication was given to the child which was not scheduled.
- For allergies & chronic conditions (medication kept permanently in school) the school administrator has a log of expiry dates and notifies parents prior to

expiry. Parents are also advised to track these dates so that they can ensure their child's medication is up to date.
- This procedure is also used for day trips.

No non-prescribed/prescribed medicines should be in lockers/classrooms (including lozenges, painkillers) for any children throughout the school from Nursery to year 6.

For school residentials:

- All parents complete a 'Residential administering medicines parental agreement form' which indicates if prescribed/non-prescribed medications can be administrated by school staff. Details required on the form are: medication name, number of doses required and time to be administered.
- All medication should be in a clear plastic bag, labelled with instructions.

Staff medicines in school or on day trips/residentials

Staff who have non-prescribed/prescribed medicine in school should ensure that the medication is kept out of reach and sight of children at all times.